




<b>ENCLOSURES</b> ( <i>check all that apply</i> )		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (     pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) (     sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (     pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (     pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ): <input checked="" type="checkbox"/> Copy of this Transmittal Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>CERTIFICATE OF MAILING OR TRANSMISSION</b>            (Under 37 CFR § 1.8(a))</p> <p>I hereby certify that this correspondence is being:</p> <p><input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:            Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or</p> <p><input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) ____.</p> <p><u>August 1, 2005</u>            Date</p> <div style="margin-left: 150px;">               Signature  <u>Sherry Smith</u>              Printed Name           </div>		
<p>Remarks     <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.</p>		

SIGNATURE OF ATTORNEY OR AGENT					
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